

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2015 - 197 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Adam Exas - Move Buddies LLC Telephone: 912-675-3675

Address: 2126 E Victory Dr. #135 Fax: -

Savannah, GA 31404

Other:

Email: Adam@MoveBuddies.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☐ Application - Class C Charter

☐ Application - Class C Charter Bus

☐ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☒ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other: \_\_\_\_\_

RECEIVED

MAY 28 2015  
PSC SC  
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

*[Signature]*

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF  
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: 4/7/15

- ☒ E (HHG) - Household Goods  
☐ E (HAZ) - Hazardous Material

**IMPORTANT!** If application is to amend scope of authority, a current annual report must be on file with the Commission **before** application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☒ New Application  
☐ Amended Scope of Authority

Current Scope:  
(list counties)

Amended Scope:  
(list counties)

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Move Buddies LLC

2126 E Victory Dr. #135 Savannah, GA 31404  
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

912-675-3675  
Phone

FAX

Adam@MoveBuddies.com  
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☒ Partnership - List names and address of all person having an interest in the business. **LLC**

☐ Corporation - List names and addresses of two principal officers.

**Adam Exas 424 E 55th St Savannah, GA 31405**

4. Applicant proposes to operate service as follows: (Check one.)

☐ Intrastate Only

☐ Interstate Only

☒ Both

5. Is applicant certified to provide **intrastate** transportation of household goods in another state: (Check one.)

☐ Yes

☒ No

*If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.*

6. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

☐ Yes

☒ No

*If yes, list dates and nature of convictions below.*

7. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

☐ Yes

☒ No

*If yes, list dates and nature of revocations below.*

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## BALANCE SHEET

Balance at Time Application is Filed:

Month April Year 2015

**Assets:**

|                                       |                |
|---------------------------------------|----------------|
| Cash                                  | \$ 65,000      |
| Receivables                           | -              |
| Real Estate                           | 450,000        |
| Buildings and Equipment (Net)         | 15,000         |
| Motor Vehicles (Net)                  | 20,000         |
| Garage Equipment (Net)                | -              |
| Machinery and Tools (Net)             | -              |
| Supplies on Hand                      | 1000           |
| Prepays and Other Assets              | -              |
| <b>Total Assets *</b>                 | <b>551,000</b> |
| <b><u>Liabilities and Equity:</u></b> |                |
| Accounts Payable                      | 1500           |
| Notes Payable                         | 10000          |
| Mortgages Payable                     | 360,000        |
| Equipment Obligations                 | -              |
| Accrued Salaries and Wages            | -              |
| Other Accrued Obligations             | -              |
| Other Liabilities                     | -              |
| <b>Total Liabilities</b>              | <b>371,500</b> |
| Capital Stock                         | 179,500        |
| Retained Earnings                     | -              |
| <b>Total Equity</b>                   | <b>179,500</b> |
| <b>Total Liabilities and Equity *</b> | <b>551,000</b> |

\* Total Assets = Total Liabilities and Equity

## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

- Two Movers + 16 ft Truck \$90/hr 2hr minimum  
\$50 Travel Charge
- Two Movers + 26 ft Truck \$110/hr 2hr minimum  
\$50 Travel Charge
- Additional Movers will cost an additional \$50 per hour
- Piano charge \$325
- More Than 50 miles from pick up to Drop off is  
\$2.50 per mile
- SIT Charge is \$250 per night

## COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

☒ Household Goods, as defined in R103-210(1)

☐ Hazardous Wastes, as defined in R103-210(2)

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.

You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |                                       |                                     |                                     |   |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |   |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |   |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |   |

## DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

| MAKE         | YEAR & MODEL        | VIN#              | EMPTY WEIGHT |
|--------------|---------------------|-------------------|--------------|
| Freightliner | 2002 MED Convention | 1FVABSAK12HJ45258 | 8600lbs      |
|              |                     |                   |              |
|              |                     |                   |              |
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## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Adam Exas - More Buddies LLC

Name of Applicant

Address of Applicant

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance \$ \_\_\_\_\_

Limits \_\_\_\_\_

Cargo Insurance \$ \_\_\_\_\_

Limits \_\_\_\_\_

\* Attach Certificate of Insurance if available.

Already Have Insurance

See Attached

Name of Insurance Company

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Date

Authorized Insurance Company Representative's Signature

\* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

|  |            |
|--|------------|
| Vehicle liability for vehicles less than 10,000 lbs. GVWR  | \$ 500,000 |
| Vehicle liability for vehicles 10,000 lbs. or more GVWR  | \$ 750,000 |
| Cargo - For loss of or damage to property carried on any one motor vehicle                                       | \$ 2,500   |
| For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place | \$ 5,000   |

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

NICO-Rate for South Carolina

Columbia Insurance Company

## Account Summary For MOVE BUDDIES LLC



Quote #: 3947240  
Status: Pending  
Policy Type: TR

Originally Quoted: 5/20/2015 2:28 PM EDT  
Quote Printed: 5/20/2015 2:38 PM EDT  
Proposed Effective: 5/20/2015 12:00 AM EDT  
Proposed Expiration: 5/20/2016 12:00 AM EDT

| Symbol | Coverage         | Limit (\$)        | Premium (\$) |
|--------|------------------|-------------------|--------------|
| 7      | Liability        | 1,000,000 CSL     | 4,548        |
| 7      | UM - BIPD        | 300,000 CSL       | 76           |
| 7      | UIM - BIPD       | 300,000 CSL       | 72           |
| 7      | Medical Payments | 5,000             | 119          |
| 7      | Physical Damage  | See Specific Unit | 443          |
|        | Total Ins Value  | 8,000             |              |
| 7A     | Cargo            |                   | 561          |
| Total  |                  |                   | \$5,819.00   |

Quoted By: Eden Hancock  
Genesee General  
3025 Windward Plaza, Ste 400  
Alpharetta, GA 30005  
Phone - (770) 396-1600  
Fax - (770) 396-7699  
eden@geneseeins.com

Producer:

DOT #: 2472296  
MC #: Unknown

Revision: 71SC2015R02

NICO-Rate Version: 8.3.33.176

## Vehicle Information

| Unit                        | Liability               | UM | UIM | Med Pay | Phys Dam | Cargo/<br>In-Tow | Al/Lessor | Unit<br>Sub Total |
|-----------------------------|-------------------------|----|-----|---------|----------|------------------|-----------|-------------------|
| 1 2002 FREIGHTLINER (4E525) | 4,548                   | 76 | 72  | 119     | 443      | 561              | N/A       | 5,819             |
| Comp/Coll: \$8,000          | Deductible: 1,000/1,000 |    |     |         |          |                  |           |                   |
| Radius: Up to 100 Miles     |                         |    |     |         |          |                  |           |                   |
| Cargo Limit: \$25,000       | Cargo Deductible: 1,000 |    |     |         |          |                  |           |                   |

**NI** National  
Indemnity  
Company  
— Since 1940 —





NICO-Rate for South Carolina  
Columbia Insurance Company



Applicant: MOVE BUDDIES LLC

Vehicle # 1

Quote #: 3947240  
Description: 02 FREIGHTLINER (4E525)  
Class: 520 - Moving Operations  
Entity Type: LLC  
New/Renew: New  
Type: Truck  
Size: Up to 45,000 lbs.  
Zipcode: 29483 (T - 68)  
Radius: Up to 100 Miles  
Filings: Single State

Originally Quoted: 5/20/2015 2:26 PM EDT  
Quote Printed: 5/20/2015 2:38 PM EDT

Registration State: SC

Business Use: Commercial  
AI/Lessor: No  
Airbag: No  
Antilock Brakes: No  
Power Units: 1  
Interstate: Yes  
Rated w/ Trailer: No  
Mid-Term: No  
Trailers: 0  
Vacuum: No

| Coverage          | Limit (\$)    | Premium (\$)   |
|-------------------|---------------|----------------|
| Liability         | 1,000,000 CSL | 4,548          |
| UM - BI&PD        | 300,000 CSL   | 76             |
| UIM - BI&PD       | 300,000 CSL   | 72             |
| Medical Payments  | 5,000         | 119            |
| Comp/Coll         |               | 443            |
| AV Equipment      | N/A           | N/A            |
| In-Tow            |               | N/A            |
| AI/Lessor         |               | N/A            |
| Cargo             |               | 561            |
| Vehicle Sub Total |               | <b>\$5,819</b> |

| Physical Damage |             |
|-----------------|-------------|
| Stated Amount:  | \$8,000     |
| Deductible:     | 1,000/1,000 |

| In-Tow      |     |
|-------------|-----|
| Limit:      | N/A |
| Deductible: | N/A |

| Cargo  |        |
|--------|--------|
| Limit: | 25,000 |

NICO-Rate Version: 8.3.33.176

Revision: 71SC2015R02.0

|                          |            |        |
|--------------------------|------------|--------|
| Liability                | Base Rate  | 1,763  |
|                          | Co Factor  | 0.9476 |
|                          | ILF        | 2.6500 |
| UM                       | Base Rate  | 1,763  |
|                          | Co Factor  | 0.0171 |
|                          | ILF        | 2.7500 |
| UIM                      | Base Rate  | 1,763  |
|                          | Co Factor  | 0.0162 |
|                          | ILF        | 2.7500 |
| Medical Payments         | Base Rate  | 44     |
|                          | Co Factor  | 0.9476 |
|                          | ILF        | 3.1000 |
| *Comp/Coll               | Percentage | 5.10%  |
|                          | Co Factor  | 0.9589 |
| *Minimum Premium Applies |            |        |
| Combined Coverage Credit |            | -5.00% |

|                   |        |
|-------------------|--------|
| Driver Factor     | 1.1167 |
| Loss Free Credit  | 0.00%  |
| Applied to Liab   | No     |
| Applied to Pdam   | No     |
| Experience Rating | 0.00%  |
| Schedule Rating   | -8.01% |
| Driver Surcharge  | 0.00%  |
| Liability         | 0.00%  |
| Excess Liability  | 0.00%  |
| UM                | 0.00%  |
| UIM               | 0.00%  |
| Medical Payments  | 0.00%  |
| Physical Damage   | 0.00%  |
| In-Tow            | 0.00%  |
| Cargo             | 0.00%  |
| All Coverages     | 0.00%  |

Primary Use Trucks  
For Hire Yes  
Type Moving Operation  
Move Contents Yes  
Moving Agent No

| For Coding Purposes Only |       |     |        |        |
|--------------------------|-------|-----|--------|--------|
| Liability (60,20)        | 3,638 | 910 | 2.6500 | 2.6500 |
| XS Liability (100)       | 0     |     | 1.0000 | 2.6500 |
| Comp/Coll (25/75)        | 111   | 332 |        |        |

Quoted By: Eden Hancock

Insured: MOVE BUDDIES LLC

Policy

**Schedule Rating Plan Worksheet**

| <b>Risk Characteristics and Modifications</b> | <b>Policy<br/>Credit / Debit Applied</b> | <b>Vehicle or Coverage<br/>Credit / Debit Applied</b> |
|---|--|---|
| <b>A. Management</b>                          | 0.00                                     |   |
|   |  |   |
| <b>B. Employees</b>                           | -5.01                                    |   |
| Driver Quality: -5.01%                        |  |   |
|   |  |   |
| <b>C. Equipment</b>                           | 0.00                                     |   |
|   |  |   |
|   |  |   |
| <b>D. Safety Organizations</b>                | -3.00                                    |   |
| Motor Carrier Compliance Credit               |  |   |
|   |  |   |

**Total Schedule credits or debits may not exceed:**

| <b>TOTALS</b> | <b>Experience</b> | <b>Schedule</b> |
|---------------|-------------------|-----------------|
| Credit        |                   | 8.01%           |
| Debit         |                   |                 |
| <b>TOTAL:</b> |                   | <b>-8.01%</b>   |

Other Credits / Debits:

**Driver Information for MOVE BUDDIES LLC**

NICO-Rate for South Carolina

Columbia Insurance Company

Policy Driver Rating Factor: 1.1167

Quote #: 3947240

Revision: 71SC2015R02

| <u>Driver</u>  | <u>Date of<br/>Birth</u> | <u>License<br/>Class</u> | <u>Years<br/>Exp.</u> | <u>Total<br/>Points</u> | <u>Points<br/>Factor</u> | <u>Age<br/>Factor</u> | <u>Driver<br/>Factor</u> | <u>Mid-<br/>term</u> | <u>Unit</u> |
|----------------|--------------------------|--------------------------|-----------------------|-------------------------|--------------------------|-----------------------|--------------------------|----------------------|-------------|
| 1 JASON BUTTS  | -----                    |                          |                       | 0                       | 1.0000                   | 1.0000                | 1.0000                   |                      |             |
| 2 ADAM EXAS    |                          |                          |                       | 0                       | 1.0000                   | 1.2000                | 1.2000                   |                      |             |
| 3 JEREMY GODIN |                          |                          |                       | 0                       | 1.0000                   | 1.1500                | 1.1500                   |                      |             |

NICO-Rate for SC

Columbia Insurance Company



## Cargo Coverage for MOVE BUDDIES LLC

Quote #: 3947240  
 Deductible: 1,000  
 Coverage Form: Broad Form  
 Loading/Unloading: Yes

Exclude Theft: No  
 Earned Freight: No  
 Refrigeration Breakdown: Yes  
 Minimum Premium Applies: No

## Standard Loading/Unloading Endorsement

Description: 02 FREIGHTLINER (4E525)

Vehicle # 1

Cargo Limit: \$25,000

Territory: 29483 (T - 68)

Radius: Up to 100 Miles

Combined Coverage Credit: Yes  
 Experience Rating: 0.00%  
 Schedule Rating: -8.01%  
 Cargo Surcharge: 0.00%  
 All Coverages: 0.00%

|                             |
|-----------------------------|
| For Coding<br>Purposes Only |
| 3.50%                       |

Cargo Premium **\$561**

| Percent | Cargo Class            | Base Rate | Cofactor | Adjusted Rate |
|---------|------------------------|-----------|----------|---------------|
| 1 100%  | Household Goods Moving | 844       | 0.7220   | 561           |

Workspace Webmail :: Print

Page 1 of 1

[Print](#) | [Close Window](#)

**Subject:** Fwd: Move Buddies / SC Quote / Auto / Cargo 2002 Freightliner  
**From:** Adam Exas <adam@movebuddies.com>  
**Date:** Wed, May 20, 2015 2:57 pm  
**To:** Jeremy D Goding <customerservice@movebuddies.com>  
**Attach:** imageffb27.JPG  
3947240\_5\_20\_2015-2-38-14 PM.pdf

Sent from my iPhone

Begin forwarded message:

> From: "Janet Marrotta, CRM, CIC, AAI, CRIS" <JMarrotta@bwoco.com>  
> Date: May 20, 2015 at 2:55:28 PM EDT  
> To: Adam Exas <adam@movebuddies.com>, "F. Ryan Sewell, CPCU" <RSewell@bwoco.com>  
> Subject: Move Buddies / SC Quote / Auto / Cargo 2002 Freightliner  
>  
>  
> Hi Adam:  
>  
> Genesee / National Indemnity has provided the attached quote for SC. Ryan will call to discuss with you but please  
feel free to call me should you have any questions.  
>  
> We are finalizing the Auto Owners Quotes and advise once that is completed.  
>  
> Regards, Janet.  
>  
>  
> Janet Marrotta, CRM, CIC, AAI, CRIS  
> Commercial Lines Account Manager  
> Bernard Williams & Company, LLC  
> 6001 Chatham Center Drive | Suite 100 | Savannah | Georgia | 31405  
> Office: 912-234-4476 x 3033 | 866-433-4476 | Fax: 912-232-8490  
> [www.thepoweroftheshield.com](http://www.thepoweroftheshield.com)  
>  
>  
>  
>

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/22/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|  |  |   |  |
|--|--|---|--|
| <b>PRODUCER</b><br><b>Bernard Williams &amp; Company, LLC</b><br>6001 Chatham Center Drive<br>Suite 100<br>Savannah GA 31405 |  | <b>CONTACT NAME:</b> Janet Marrotta<br><b>PHONE (A/C No. Ext):</b> (912)234-4476<br><b>FAX (A/C No.):</b> (912)232-8490<br><b>E-MAIL ADDRESS:</b> jmarrotta@bwcco.com   |  |
| <b>INSURED</b><br><b>Move Buddies LLC</b><br>2126 E Victory Dr #135<br>Savannah GA 31401                                     |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Maxim Indemnity Company<br><b>INSURER B:</b> National Indemnity Company<br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |  |

|   |   |                         |
|---|---|-------------------------|
| <b>COVERAGES</b>  | <b>CERTIFICATE NUMBER:14-15 MASTER LIAB</b> | <b>REVISION NUMBER:</b> |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. |   |                         |

| INSR LTR | TYPE OF INSURANCE   | ADDL SUBR INSR WVD   | POLICY NUMBER                   | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |  |
|----------|---|--|---------------------------------|-------------------------|-------------------------|--|--|
| A        | GENERAL LIABILITY<br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR |  | BDG3008124-01                   | 10/23/2014              | 10/23/2015              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 1,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMPOP AGG \$ Included |  |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC                          |  |                                 |                         |                         |  |  |
|          | B   | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS |                                 | 70TR8039062-01          | 10/23/2014              | 10/23/2015   | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>Medical payments \$ |
|          |   | UMBRELLA LIAB <input type="checkbox"/> OCCUR<br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$  |                                 |                         |                         |  |  |
| A        |   | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N<br><input type="checkbox"/> | N/A                     |                         |  | WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$          |
|          |   | Motor Truck Cargo Liab   |                                 | BDG3008124-01           | 10/23/2014              | 10/23/2015   | Property in Vehicle \$25,000<br>Deductible \$1,000   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

|  |  |
|--|--|
| <b>CERTIFICATE HOLDER</b><br><b>NicoleC@MovingStaffers.com</b><br><br>Moving Staffers<br>Attn: Supply Chain Management<br>4401 Barnett Road<br>Wichita Falls, TX 76310 | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br><br>Ryan Sewell/JM |
|--|--|



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/5/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|   |  |
|---|--|
| PRODUCER<br><b>Bernard Williams &amp; Company, LLC</b><br>6001 Chatham Center Drive<br>Suite 100<br>Savannah GA 31405 | CONTACT NAME: <b>Janet Marrotta</b><br>PHONE (A/C No. Ext): <b>(912)234-4476</b><br>E-MAIL ADDRESS: <b>jmarrotta@bwcco.com</b><br>FAX (A/C No.): <b>(912)232-8490</b>              |
| INSURED<br><b>Move Buddies LLC</b><br>2126 E Victory Dr #135<br>Savannah GA 31401                                     | INSURER(S) AFFORDING COVERAGE<br>INSURER A: <b>Maxim Indemnity Company</b><br>INSURER B: <b>National Indemnity Company</b><br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F: |

## COVERAGES

CERTIFICATE NUMBER: 14-15 MASTER LIAB

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR   | TYPE OF INSURANCE   | ADDL INSR  | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |   |
|--|---|--|----------|---------------|-------------------------|-------------------------|---|---|
| A  | GENERAL LIABILITY<br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR |  |          | BDG3008124-01 | 10/23/2014              | 10/23/2015              | EACH OCCURRENCE \$ <b>1,000,000</b><br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b><br>MED EXP (Any one person) \$ <b>1,000</b><br>PERSONAL & ADV INJURY \$ <b>1,000,000</b><br>GENERAL AGGREGATE \$ <b>2,000,000</b><br>PRODUCTS - COMP/OP AGG \$ <b>Included</b> |   |
|  | GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC                          |  |          |               |                         |                         |   |   |
|  | B   | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS |          |               | 70TR8039062-01          | 10/23/2014              | 10/23/2015  | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b><br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>Medical payments \$ |
|  |   | UMBRELLA LIAB<br>EXCESS LIAB   |          |               |                         |                         |   | EACH OCCURRENCE \$<br>AGGREGATE \$  |
| DED  |   | RETENTION \$   |          |               |                         |                         |   |   |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below |   | Y/N<br><input type="checkbox"/>  | N/A      |               |                         |                         |   | WC STATUTORY LIMITS<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
| A  | Motor Truck Cargo Liab  |  |          | BDG3008124-01 | 10/23/2014              | 10/23/2015              | Property in Vehicle \$ <b>\$25,000</b><br>Deductible \$ <b>\$1,000</b>  |   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

## CERTIFICATE HOLDER

**Move Buddies LLC**  
2128 E. Victory Drive  
#1135  
Savannah, GA 31401

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

**Ryan Sewell/JM**

**Exhibit Fit, Willing, and Able (FWA)**

Move Buddies LLC

Name

2472296

U.S.D.O.T No.

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?  
☐ Yes                      ☒ No                      ☐ Pending      (Submit when received.)  
If Yes, indicate rating below and provide copy.  
☐ Satisfactory                      ☐ Conditional                      ☐ Unsatisfactory
2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?  
☐ Yes                      ☒ No
3. Are there currently any outstanding judgment(s) against the Applicant?  
☐ Yes                      ☒ No
4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?  
☒ Yes                      ☐ No
5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? (The Insurance Quote on Page 6 must be completed, listing current insurance premiums.)  
☒ Yes                      ☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

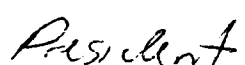
- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant believes that there is a need for its company's services in the proposed service area.

The Applicant understands that this completed Application serves as prefiled testimony for the Applicant for hearing purposes.

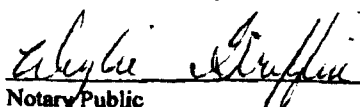
The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

  
Applicant's Signature

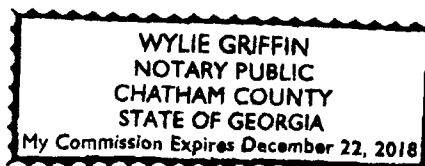
  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF Chatham )

SWORN TO BEFORE ME  
This 28<sup>th</sup> day of May, 2015

  
Notary Public

Commission Expires 12/22/18



Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Move Buddies LLC

Applicant's Name

### Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392, 395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes ☐ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 26,001 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes ☐ Not Applicable

I, Adam Exms, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME

This 11 day of April, 2015

Notary Public

Commission Expires 1/21/15

[Signature]  
Applicant's Signature

Print Application

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Authorization**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

MOVE BUDDIES LLC, A Limited Liability Company duly organized under the laws of the State of GEORGIA, and issued a certificate of authority to transact business in South Carolina on May 27th, 2015, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
27th day of May, 2015.

A handwritten signature in cursive script that reads "Mark Hammond".  
Mark Hammond, Secretary of State